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Bib Data Sheet

CONFIRMATION NO. 6776

<b>SERIAL NUMBER</b> 09/681,585	<b>FILING DATE</b> 05/02/2001 <b>RULE</b>	<b>CLASS</b> <del>707</del> 706	<b>GROUP ART UNIT</b> <del>247F</del> 2121	<b>ATTORNEY DOCKET NO.</b> QED0001
<b>APPLICANTS</b> Victor Gogolak, McLean, VA; <b>** CONTINUING DATA *****</b> <i>none</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/24/2001</b>				
<b>Foreign Priority claimed</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <b>35 USC 119 (a-d) conditions met</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <b>Verified and Acknowledged</b> Examiner's Signature <i>[Signature]</i> Initials		<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 28
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 28694				
<b>TITLE</b> Method and system for analyzing drug adverse effects				
<b>FILING FEE RECEIVED</b> 532	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	